

<b>Case Number:</b>	CM15-0065181		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	04/30/2001
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is 72 year old female who sustained an industrial injury on 4/30/2001. Her diagnoses, and/or impressions, include: right shoulder partial rotator cuff tear, and right elbow internal derangement. A recent magnetic resonance imaging study of the right shoulder was noted on 12/11/2014. Her treatments have included urine toxicology studies; physical therapy with home exercise program; work restrictions; and medication management. The progress notes of 11/17/2014 noted complaints that included constant and severe right shoulder pain and constant moderate right elbow pain; with improved pain and function on medications. The physician's requests for treatments included Ibuprofen and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Ibuprofen 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient was injured on 04/30/01 and presents with severe right shoulder pain and moderate right elbow pain. The request is for Ibuprofen 800 MG #60. There is no RFA provided and the patient has the following work restrictions: no work at or above right shoulder level or forceful repetitive pushing or pulling with the right upper extremity. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is diagnosed with right shoulder partial rotator cuff tear and right elbow internal derangement. There are no discussions provided specifically regarding ibuprofen. There are no documentations provided regarding how this medication has helped reduce the patient's pain and improve function, as required by MTUS page 60. Furthermore, the patient presents with right shoulder/elbow pain and there is no indication of low back pain, as indicted by MTUS guidelines. Therefore, the requested Ibuprofen is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient was injured on 04/30/01 and presents with severe right shoulder pain and moderate right elbow pain. The request is for Omeprazole 20 MG #60 for treatment of gastrointestinal irritation. There is no RFA provided and the patient has the following work restrictions: no work at or above right shoulder level or forceful repetitive pushing or pulling with the right upper extremity. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states: NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. There is no indication of when the patient began taking this medication. The 09/29/14 report states that the patient denies side effects or GI symptoms with oral and topical medications. As of 09/29/14 (the only report provided), the patient is taking Ibuprofen and Gabapentin. There is no discussion regarding what omeprazole is doing for the patient. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of discussion as to this

medication's efficacy and lack of rationale for its use, the requested omeprazole is not medically necessary.